

The Portland Tribune's recent article about meth was excellent and reflects our current situation in Oregon (One meth problem replaces another, Nov 20).

However, I believe there are some points that need clarification. Oregonians and policymakers also need to hear about prevention, enforcement and treatment solutions.

As noted in the article, it was important to get rid of local meth labs, protecting neighborhoods, police, our environment and, most important, our children from toxic exposures.

However, the article also said that Oregon's highly successful meth lab control laws had "unintended consequences" due to a "massive influx of meth supplied by Mexican drug cartels" and contributed to a "radical transformation" that "in some ways is making the problem even more difficult to fight."

I believe that's not quite accurate.

According to federal estimates, local meth labs account for only 20 percent of the meth on our streets.

We were fully aware that eliminating local meth labs would drive that demand to the drug cartels. But by eliminating local meth labs, we removed that source of meth, in addition to saving Oregon taxpayers and property owners approximately \$159 million per year. That enhanced our ability to fight the problem.

We can now focus on cutting off the international supply of meth.

Meth is one of the few drugs we can effectively control on the supply side. To make the powerful meth on our streets, you need the decongestant pseudoephedrine (or its mirror image, ephedrine).

Most of the world's supply of that key ingredient comes from nine factories in three countries. More pseudoephedrine in the hands of drug cartels means increased meth purity, lower meth price and more meth on our streets.

Less pseudoephedrine in their hands means reduced purity, higher price and less meth on our streets. It's that simple.

That is why Rep. Darlene Hooley, D-Ore., and Sens. Gordon Smith, R-Ore., and Ron Wyden, D-Ore., helped us pass legislation last year to set quotas and track international pseudoephedrine shipments. We've made some progress, as shown by decreasing meth purity and increasing meth price.

There also is another story brewing on the national and international scene. Oregon has effectively eliminated local meth labs (by the way, nearly all of the 14 discovered this year are dumpsites or remnants).

I think we take for granted that other states have done the same. They haven't, and are struggling to get rid of their remaining meth labs.

Until recently, their efforts focused on electronic monitoring of pseudoephedrine sales, which is unproven, complicated, burdensome and expensive.

But in Oregon we have proven that you can easily eliminate the remaining labs by simply returning pseudoephedrine to its status as a prescription drug, as it was before 1976.

Our success has not gone unnoticed. Other states and nations are watching and taking action. Mexico recently made pseudoephedrine prescription-only (although it's different there), and is slated to ban pseudoephedrine in 2009.

Great Britain, which just began to experience local meth labs, also decided to implement the Oregon rule by 2009.

A national work group just reported to the federal government that "Oregon has demonstrated impressive effectiveness" and, if the Oregon model were adopted, there would be "no reason to develop state or national tracking systems, resulting in substantial, ongoing savings, literally in the millions of dollars."

The Tribune's meth article was on target and well-done. Recent progress at state, national and international levels has given us a golden opportunity to deal with prevention, enforcement and treatment.

We must expand the process of healing lives and families, and end the cycle of addiction and related crime. Oregon's children deserve no less.

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